

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10676431 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10						
11						
12						
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17						
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20						
21						
22						
23						
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30	1	1				
31		1				
32		1				
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	17					
TOTAL CLAIMS	19					

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			